

## Electronic Patent Application Fee Transmittal

|   |   |                 |               |                             |
|---|---|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>                  | 09741843  |                 |               |                             |
| <b>Filing Date:</b>                         | 22-Dec-2000   |                 |               |                             |
| <b>Title of Invention:</b>                  | Immunoconjugates and humanized antibodies specific for B-cell lymphoma and leukemia cells |                 |               |                             |
| <b>First Named Inventor/Applicant Name:</b> | Shui-on Leung   |                 |               |                             |
| <b>Filer:</b>                               | Barbara Ann McDowell/Helen Cassidy  |                 |               |                             |
| <b>Attorney Docket Number:</b>              | IMMU:014US1   |                 |               |                             |
| Filed as Small Entity                       |   |                 |               |                             |
| <b>Utility      Filing Fees</b>             |   |                 |               |                             |
| <b>Description</b>                          | <b>Fee Code</b>   | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                        |   |                 |               |                             |
| <b>Pages:</b>                               |   |                 |               |                             |
| <b>Claims:</b>                              |   |                 |               |                             |
| <b>Miscellaneous-Filing:</b>                |   |                 |               |                             |
| <b>Petition:</b>                            |   |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b>     |   |                 |               |                             |
| <b>Post-Allowance-and-Post-Issuance:</b>    |   |                 |               |                             |
| Statutory disclaimer                        | 1814  | 1               | 130           | 130                         |
| <b>Extension-of-Time:</b>                   |   |                 |               |                             |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| Extension - 1 month with \$0 paid | 2251     | 1        | 60     | 60                   |
| <b>Miscellaneous:</b>             |          |          |        |                      |
| Request for continued examination | 2801     | 1        | 405    | 405                  |
| <b>Total in USD (\$)</b>          |          |          |        | <b>595</b>           |